Name in Full

Stella Carroll

Certificate of Death

Died at Melitota (Town) Kent (County) MARYLAND

Date 1900 Month Feby Day 26 | Age Y. 3 M. 6 D. | Native of Md | Occupation None

~~Male~~ / Female — ~~White~~ / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living 8

Husband of Wife

Father's Name Wm H. Carroll

Mother's Name Mollie Carroll

Causa of Death — Primary: Diphtheria — How long sick: two weeks.

Immediate: & a

~~Accident, Suicide, Homicide~~

Reported by John H. Keasey

Address Keansville Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Name in Full

Certificate of Death

Westley Chambers

Died at Town Colemans County Kent Co MARYLAND

Date 1910 Month Feb Day 17 Age Y. 2 M. 3 D. — Native of Md Occupation —

Male ~~Female~~ ~~White~~ Colored ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living

Husband of
Wife

Father's Name Henry T Chamber Mother's Name Mary Chambers

Cause of Death: Primary Pneumonia 72 How long sick one month

Immediate

~~Accident, Suicide, Homicide~~

Reported by W H Kruser Undertaker

Address Still Pond Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

attended by J. W. Weir, Md

Still Pond

Md.

Name in Full — Certificate of Death

Infant Cotton

Died at Town: Still Pond — County: Kent — MARYLAND

Date: 1900 Month: Feb Day: 25 — Age: Y. — M. — D. 2 weeks — Native of: Md — Occupation: —

Male / ~~White~~ / ~~Married~~ / ~~Widow~~ / ~~Divorced~~

Female / Colored / Single / ~~Widower~~ / ~~Number of children living~~

Husband / Wife of —

Father's Name: Edward T Cotton — Mother's Name: Mariah Gaines

Cause of Death — Primary: Convulsions — How long sick: 4 d

Immediate — Accident, Suicide, Homicide

Reported by: W H Krusen — Undertaker

Address: Still Pond — Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

attended By

Dr. J. N. Wise.
Still Pond
Md.

Name in Full — Certificate of Death

Susan Dudley

Died at — Town: Galena — County: Kent — MARYLAND

Date 19 1907 — Month Day: 2 - 28 — Age: Y. 105 M. D. — Native of — Occupation

~~Male~~ Female — m 2 p — ~~White~~ Colored — Married — Single — Widow — Widower — Divorced — Number of children living

Husband of
Wife

Father's Name — Mother's Maiden Name

Cause of Death — Primary — Immediate: Old age — How long sick: 161

Accident, Suicide, Homicide

Reported by: Kent Times

Address: [illegible]

8-3-1907

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79008

Name in Full — Certificate of Death

Sophia Hope Greenwood

Died at Town: Edesville — County: Kent — MARYLAND

Date 1900 — Month: Feb — Day: 6 — Age: Y. 24 M. 4 D. — Native of: Md — Occupation: Housewife

~~Male~~ / Female — White / ~~Colored~~ — Married / ~~Single~~ / Widow / Widower / ~~Divorced~~ — Number of children living: 5

~~Husband~~ / Wife of Wm H Greenwood

Father's Name: Samuel Bennet — Mother's Name: Caroline Bennet

Cause of Death — Primary: Pulmonary Phthisis — How long sick

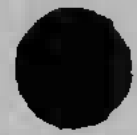
Immediate: Exostosis 2 yrs — Accident, Suicide, Homicide

Reported by: John H McCleary MD

Address: Edesville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full — Ruth B. Henry — Certificate of Death

Died at — Town: Chestertown — County: Kent — MARYLAND

Date 19 ~ — Month: Aug — Day: 28 — Age: Y. 0 M. 11 D. 0 — Native of — Occupation

~~Male~~ Female — ~~White~~ ~~Colored~~ — ~~Married~~ Single — Widow ~~Widower~~ — ~~Divorced~~ — ~~Number of children living~~

Husband of

Wife

Father's Name — Wm. T. Henry — Mother's Maiden Name — Annie R. Henry

Cause of Death — Primary — Immediate — Pneumonia, 72 — How long sick

Accident, Suicide, Homicide

Reported by — Kent News, 9-10-1900

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70688

Name In Full

George Hurlock

Certificate of Death

Died at Town: Millington County: Kent MARYLAND

Date Month: Jan Day: 19 | Age Y.: 68 M.: D.: | Native of: Kent Co. | Occupation: Worked

Mele / Female: Mele | White / Colored: White | Married / Single: Married | Widow / Widower | Divorced | Number of children living

Husband / Wife of: Mrs Hurlock

Father's Name

Mother's Name

Cause of Death — Primary: 44 — How long sick: 6 mos

Immediate: Paralysis — Accident, Suicide, Homicide

Reported by: John L. Smith

Address: Millington Md

Must be signed by physicien, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70808

Attended by Dr. Jacobs

of Millington

Seen by Coroner _____

of _____

Information contained in this certificate received from Mrs Hudlock

of Millington

Name in Full

Certificate of Death

Edward Jones.

Died at Town: Quaker Neck County: Kent MARYLAND

Date 1900 Month 2 Day 1 | Age Y. 32 M. D. | Native of | Occupation

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

Husband of

Wife

Father's Name: Capt. Robert Jones

Mother's Name

Cause of Death: Primary 22a

Immediate Consumption

How long sick

Accident, Suicide, Homicide

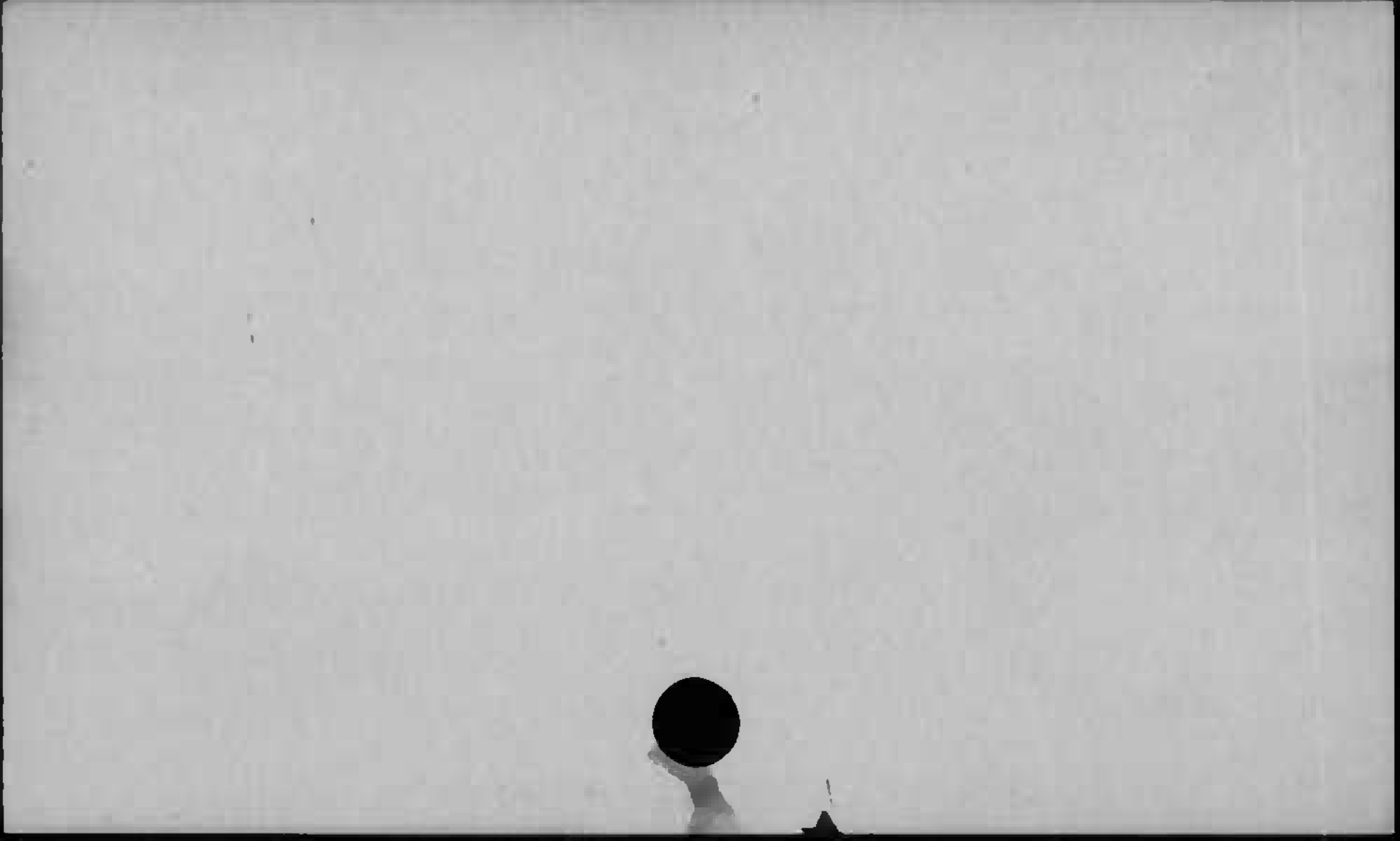
Reported by Chestertown Enterprise

Address

Feb. 7, 1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898



Name In Full

Certificate of Death

Charles Nelson Reed

Died at Town Chestertown County

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
2		43				

Date 19 17

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~

Number of children living 3

Husband of
Wife

Father's Name

Mother's Maiden Name

Cause of Death { Primary 161

Immediate Complications

How long sick 2 weeks

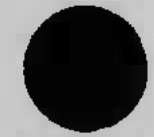
Accident, Suicide, Homicide

Reported by Chestertown Transcript 2-24-1917

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888



Name in Full Florence Nickles

Certificate of Death

Died at Town Near Lynches County Pueblo MARYLAND

Date 1900 Month Feb Day 31 | Age Y. 35 M. — D. — | Native of Md | Occupation Housewife

~~Male~~ Female | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 2

~~Husband~~ Wife of Charles Nickles

Father's Name Price Caulk. Mother's Name Louise Cotton

Cause of Death: Primary Consumption 2 yrs — How long sick one year

Immediate — Accident, ~~Suicide, Homicide~~

Reported by M A Krusen Hurlock Md

Address Still Pond Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65958

attended by

D. W. Ulrich M.d

State Road

Md.

Name in Full

Certificate of Death

Mrs. Noah Perry

Town

County

Kent

Died at

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
2	8	80				

Date 19 ~~1~~ 1

~~Male~~ ~~Female~~

White ~~Colored~~

~~Single~~ Married Widow Widower

Divorced

Number of children living

~~Husband~~ of Wife

Capt: Noah Perry

Father's Name

Mother's Maiden Name

Cause of Death — Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by

Chestertown Transcript

Address

2-10-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 70888

Name in Full

Philip Freeman Rasin

Certificate of Death

Died at Town: Locust Grove, County: Kent, MARYLAND

Date 1900 Month: Feb. Day: 27 | Age Y.: 74 M.: 3 D.: | Native of Md. | Occupation Nothing

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Robert Rasin | Mother's Name Mary Rhynem.

Cause of Death: Primary Chronic Bronchitis | How long sick 1 hour.

Immediate 70 | ~~Accident, Suicide, Homicide~~

Reported by J. Montgomery, M. D.

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65988

Name In Full

Certificate of Death

Mrs. Emma B. Pol.

Died at Chestertown (Town) Kent (County) MARYLAND

Date 19 Nov Month 2 Day 12 | Age Y. 39 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living 2

Husband of Wife Jas. A. Pol.

Father's Name Jno. Smith | Mother's Maiden Name 22a

Cause of Death: Primary Consumption | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Kent News 2-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full

Sarah A Russell

Certificate of Death

Died at Chestertown (Town) Kent (County) MARYLAND

Date 1900 Month 2 Day 1

Age Y. 9 M. 7 D. 3

Native of D. C. Occupation Housewife

~~Male~~ Female

White ~~Colored~~

Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

~~Number of children living~~ 6

~~Husband~~ Wife of Jas A Russell

Father's Name L. A. Sparks

Mother's Name Mary Sparks

Cause of Death: Primary Paralysis 44 How long sick 6 mos.

Immediate Paralysis,

~~Accident, Suicide~~, Homicide

Reported by N Bruce Simmons

Address Chestertown Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full — Certificate of Death

John Wesley Simmons.

Died at Town: Big Woods — County: Kent — MARYLAND

Date 1900 Month: 2 Day: 28 | Age Y.: 1 M.: 11 D.: 14 | Native of: Kent Co., Md. | Occupation:

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~Wife~~ of

Father's Name: J. W. Simmons. | Mother's Name: Celia Naylor.

Cause of Death — Primary: Infantile Bronchitis. | How long sick: 6 days.

Immediate: 69 | ~~Accident, Suicide, Homicide~~

Reported by: J. Horton Kelly M. D.

Address: Kennedyville, Kent Co., Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65965

Name In Full M. G. Story

Certificate of Death

Town Lexington Park County St Mary's

Died at Lexington Park MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1900	Feb	3	Age 20	7		Md	

~~Male~~ Female | White | ~~Colored~~ | Married | ~~Single~~ | Widow | ~~Widower~~ | Divorced | Number of children living

Husband of Wife Ada J Story

Father's Name Wm Walker

Mother's Name Ada Walker

Cause of Death — ~~Primary~~ — Immediate — 148

How long sick

Accident, ~~Suicide~~, ~~Homicide~~

Reported by Dr E H Ferguson

Address Lexington Park Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

ttended by Dr. _____

of _____

Seen by Coroner George Rivers

of Lebanon

Information contained in this certificate re

ceived from J. C. Forman undertaker

of Lebanon Linn Co

Name in Full

Certificate of Death

Gertie Stout.

Died at Town: Coleman. County: Kent. MARYLAND

Date 1900. Month: 2 - Day: 25 | Age: Y. 17 M. D. | Native of: Md. | Occupation: Home maid.

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of

Father's Name: Joshua Stout. Mother's Name: Georganna Stout.

Cause of Death: Primary / Immediate: Uraemia. 100

How long sick: 3 days.

~~Accident Suicide Homicide~~

Reported by W.S. Maxwell

Address Still Pond. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78708

Name In Full

Certificata of Death

Rachel Annaria Thompson

Died at Town: Rockhall County: Kent- MARYLAND

Date ~~189~~ 1900 Month: Feb Day: 2

Age Y. 44 M. 10 D. 6

Native of: Md

Occupation: Laborer

~~Male~~ Female

~~White~~ Colored

Married ~~Single~~

~~Widow~~ ~~Widower~~

~~Divorced~~

Number of children living 10

~~Husband~~ Wife of Samuel Scott

Father's Name: William Thompson

Mother's Name: Arminta Grisham

Cause of Death — Primary: 161

How long sick:

Immediate

Accident, Suicide, Homicide

Reported by Thomas H. Casey. Undertaker

Address Edesville Kent Co. Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificate re-

ceived from_____

of_____

Name In Full William S. Walker

Certificate of Death

Died at Town Chestertown County Kent MARYLAND

Date 19 20 Month 2 Day 21 | Age Y. M. D. | Native of | Occupation

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~

Number of children living

Husband of

Wife

Father's Name

Mother's Maiden Name

42

Cause of Death { Primary / Immediate Cerebral Hemorrhage

How long sick Sudden

Accident, Suicide, Homicide

Reported by

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Name in Full

Certificate of Death

Charlotte Augusta Wickes.

Died at Town: Eastern Neck Island County: Kent MARYLAND

Date ~~188~~ 1900 Month: Feb Day: 3

Age Y. 79 M. D.

Native of Maryland

Occupation Wife ~~Keeper~~ Housekeeper

~~White~~ ~~Female~~

White ~~Colored~~

~~Married~~ ~~Single~~ Widow ~~Widower~~

Number of children living Six

~~Husband~~ Wife of James Page Wickes

Father's Name Richard Spencer

Mother's Name Sophia Spencer

Cause of Death: Primary Catarrhal Jaundice 92

How long sick 3 months

Immediate Exhaustion.

Accident, ~~Suicide~~, Homicide

Reported by J. H. Willson

Address Edesville Kent Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Name in Full Mrs. Catherine Landergrift — Certificate of Death

Town — County

Died at [illegible] Kent MARYLAND

Date 19 ov — Month 2 Day 9 — Age Y. 70 M. D. — Native of Dakota — Occupation

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — Widow ~~Widower~~ — ~~Divorced~~

Number of children living 1

Husband of Wife John S. Landergrift

Father's Name — Mother's Maiden Name 22a

Cause of Death — Primary / Immediate: Consumption

How long sick 2 days

Accident, Suicide, Homicide

Reported by Kent News.

Address [illegible]

2-10-1900

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70609